

**Introduction**

Anxiety is something we all feel it when we are in a situation that is threatening or difficult. The anxiety goes away when we have got used to the situation, when the situation changes, or when we leave the situation.



If it just goes on and on, or if it happens out of the blue, or for no obvious reason, it can make life very difficult.

This leaflet deals with anxiety in general, and with three particular kinds of anxiety:

* generalised anxiety disorder
* panic attacks
* phobias

It is for anyone for whom anxiety is a problem – but also for friends and relatives who may want to understand more about it.

**What is anxiety?**

Anxiety feels like fear. When it's caused by a problem in our life that we can't solve, such as money difficulties, we call it worry. If it is a sudden reaction to an immediate threat, like looking over a cliff or being confronted by an angry dog, we call it fear.

Although these feelings are unpleasant, they exist for a purpose. Worry, fear and anxiety can all be helpful.

* **Psychologically** - they keep us alert and give us the motivation to plan and to deal with problems.
* **Physically**  -  they prepare our body for sudden, strenuous exercise, to run away from danger or to attack it – the 'fight or flight' response.

These feelings become a problem when they are too strong, or when they carry on even when we don't need them any more. They can make you uncomfortable, stop you from doing the things you want to - and can generally make life difficult.

**How common are anxiety problems?**

About 1 in every 10 people will have troublesome anxiety or a phobia at some point in their lives. However, most of us never ask for treatment.

**Are these feeling the same as 'stress'?**

People talk about ‘stress’ when they feel they cannot cope with the pressures they are under in their lives. This can lead to problems like anxiety, depression and overuse of alcohol or drugs.

**Isn't anxiety bad for you?**

Actually, some anxiety is good for you. It keeps you alert and can help you to perform well. But only some. If it gets too intense, or goes on too long, it starts to interfere with your performance, can make you depressed and can damage your physical health.

**Anxiety and physical health**

Anxiety seems to be linked – although we don't understand how – with a number of medical conditions. In most cases, the anxiety seems to have come first. For example, older people with panic attacks seem to be more likely to have heart problems.

**Symptoms of anxiety**

|  |  |
| --- | --- |
| **In the mind:** | **In the body:** |
| * feeling worried all the time * feeling tired * unable to concentrate * feeling irritable * sleeping badly * feeling depressed | * fast or irregular heartbeats (palpitations) * sweating * face goes pale * dry mouth * muscle tension and pains * trembling * numbness or tingling * breathing fast * dizziness * faintness * indigestion * passing water frequently * nausea, stomach cramps * diarrhoea |

It's easy to mistake these feelings for the symptoms of a serious physical illness – and if this makes you worry, the symptoms get even worse. Anxiety and panic are often accompanied by feelings of [depression](http://www.rcpsych.ac.uk/mentalhealthinfo/problems/depression/depression.aspx), when you start to feel down, lose your appetite and see the future as bleak and hopeless.

* **Generalised Anxiety Disorder (GAD)**

You feel anxious **all** the time, not just in certain situations. If you have this high level of 'background' anxiety, you may also have panic attacks and some phobias (see below).

* **Panic attack**

You get unpredictable and intense attacks of anxiety – often in a situation that you know is likely to make you anxious. Your symptoms of anxiety come on suddenly and reach a peak in 10 minutes or less. You may also experience:

* fear of dying
* fear of 'going crazy' or losing control
* feeling short of breath
* a choking sensation.

These attacks can be so sudden and violent that you think you are going to die. In fact, about a quarter of the people who go to an A&E department with chest pain will have had a panic attack.

Although the symptoms are much the same as those of GAD (see above), they are much more intense, come and go, and need different treatments.

* **Phobia**

A fear of a situation or thing that is not actually dangerous and which most people do not find troublesome. The nearer you get to the situation or thing that makes you anxious, the more anxious you get ... and so you tend to avoid it. Away from the thing or situation that makes you feel anxious, you feel fine.

Common phobias include:

* **agoraphobia** – a fear of public places where escape seems difficult (like crowds, queues, buses, trains or bridges). It can stop you from leaving the house.
* [social phobia](http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/anxietyphobias/shynessandsocialphobia.aspx) – a fear of being with other people. You worry that people are judging you and that you will embarrass yourself. This can make it hard to eat out or speak to other people, particularly if you are meeting someone for the first time or at parties.
* **specific phobias** – such as a fear of spiders, needles, heights or flying.

The problem is that avoiding the situations that make you anxious will actually make the phobia worse as time goes on. Your life can become more and more dominated by the precautions you have to take to avoid the things that scare you. You will usually know that there is no real danger, you may feel silly about your fear, but still find that you can't control it. A phobia can start after a distressing or traumatic event – an attack by a dog can produce a dog phobia, for example.

**What causes anxiety problems?**

**Genes**

Some of us seem to be born with a tendency to be anxious - research suggests that it can be inherited through our genes. However, even people who are not naturally anxious can become anxious if they are put under enough pressure.

**Misunderstanding symptoms**

Some people start to believe that the physical symptoms of mild anxiety are the symptoms of a dangerous physical disease.  This makes them worry more, so the symptoms get worse, so they worry more ... and so on.

**Trauma**

Sometimes it is obvious what is causing anxiety. When the problem disappears, so does the anxiety. However, there are some circumstances that are so upsetting and threatening that the anxiety they cause can go on long after the event.

These are often life-threatening situations like car crashes, train crashes or fires. The people involved can feel nervous and anxious for months or years after the event, even if they have been physically unharmed.

It can also happen after childhood neglect or abuse and persistent mistreatment or torture in adult life. This is part of what we now call [post-traumatic stress disorder.](http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/posttraumaticstressdisorder/posttraumaticstressdisorder.aspx)

**Drugs**

Sometimes anxiety may be caused by using street drugs like amphetamines, LSD or ecstasy. Even the caffeine in coffee can be enough to make some of us feel uncomfortably anxious!

**Mental health problems**

Many mental health problems can make you anxious. About half of people with depression get panic attacks at some point.

**Physical problems**

Some physical problems, like thyroid disease, can make you feel anxious.

**Some or all of the above …..**

It may not be clear at all why you feel anxious, because it is due to a mixture of your personality, the things that have happened to you, or big changes in your life.

**Helping yourself**

* **Be practical** - anxiety is a normal part of being human - and is often there for a good reason. We cannot remove all worry from our lives. If you are facing a practical problem in your life, it's best to get some practical help with it. For example, Relate offers counselling for relationship difficulties and Citizens Advice Bureaux help with sorting out money problems.

* **Talk about the problem** - this can help when the anxiety comes from recent knocks like a partner leaving, a child becoming ill or losing a job. Who should you talk to? Try friends or relatives whom you trust and respect, and who are good listeners. They may have had the same problem themselves, or know someone else who has. As well as having the chance to talk, you may be able to find out how other people have coped with the problem.

* **SeIf-help groups**  - these are a good way of getting in touch with people with similar problems. They can understand what you are going through and may be able to suggest ways of coping. These groups may be focussed on anxieties and phobias, or may be made up of people who have been through similar experiences - women's groups, bereaved parents' groups, survivors of abuse groups.

* **Learning to relax** - it sounds too obvious – surely everyone can relax? But if your anxiety just won't go away, it can be really helpful to learn some special ways of relaxing, to help you to be a bit more in control of your anxiety and tension.You can learn these through groups, with professionals, but there are also books and DVDs you can use to teach yourself these techniques (see below). It's a good idea to practice this regularly, not just at times of crisis.

* **Do some exercise** - several studies have found that regular exercise seems to lower levels of anxiety.

* **Bibliotherapy** - using a self-help book.  There is good evidence that this works well for many people.  Most of the books now on the market use the principles of [Cognitive Behavioural Therapy (CBT).](http://www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/cbt.aspx)

**Family and friends**

Someone with anxiety and phobias may not talk about their feelings, even with family or close friends. Even so, it is usually obvious that things are not right. The sufferer will tend to look pale and tense, and may be easily startled by normal sounds such as a door-bell ringing or a car's horn.

They will also tend to be irritable and this can cause arguments with those close to them, especially if they do not understand why the sufferer feels that they cannot do certain things. AIthough friends and family can understand the distress caused by anxiety, they can find it difficult to live with, especially if the fears seem unreasonable.

**Getting help**

If you have an anxiety problem which just won't go away, it's worth getting help. You may not want to ask for help because you worry that people might think you are 'mad'. In fact, people with anxiety and fears don't often have a serious mental illness. It's much better to get help as soon as you can rather than suffer in silence.

**Cognitive Behavioural Therapy (CBT)**

This is a talking treatment which can help us to understand how 'habits of thinking' can be making anxiety worse – or even causing it:

* jumping to the conclusion that something bad is going to happen
* automatically thinking that the worst possible thing is going to happen.

These are both very powerful ways of making yourself feel anxious - and yet they aren't realistic.  Yes, bad things do sometimes happen and the worst does sometimes happen - but not always or even usually.

CBT can help you to change these 'extreme' ways of thinking, which can also help you to feel better and to behave differently.

Another helpful idea is mindfulness - a way of seeing unhelpful worries as 'just' thoughts.  This means that, instead of being tormented by worries, you can learn to accept them and 'let go'.

**Helping phobias**

Graded exposure involves facing our fears one step at a time.  It works because, if you spend time in any feared situation, your anxiety will eventually decrease and go away.

For example, Kate had a fear of birds.  She wrote a list of situations that she needed to face, from the easiest to the most difficult to tackle - her anxiety 'ladder':

1. put picture of robin on bedroom wall
2. watch TV documentary on birds
3. visit pet shop and stand next to caged parrot
4. walk in local park past duck pond
5. walk in park, sit on bench and feed ducks.

She practised spending enough time with each step on her ‘anxiety ladder’ again and again until her anxiety ebbed away.  Once she could tackle a step without feeling anxious, she moved onto the next step.

This treatment can take place in groups or individually, and is usually weekly for several weeks or months. Psychotherapists may or may not be medically qualified.

**Computerised CBT**

There are now a number of computer programmes which you can use to give yourself CBT. NICE recommend a programme called “FearFighter” for panic or phobia. You can get this through your GP.

If this is not enough, there are several different kinds of professionals who may be able to

help - the GP, psychiatrist, psychologist, social worker, nurse or counsellor.

**Medication**

Medication can play a part in the treatment of some people with anxiety or phobias.

The most common tranquillisers are the valium-like drugs, the [benzodiazepines](http://www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/benzodiazepines.aspx) (most sleeping tablets also belong to this class of drugs). They are very effective at relieving anxiety, but we now know that they can be addictive after only four weeks of regular use. When people try to stop taking them, they may experience unpleasant withdrawal symptoms which can go on for some time. These drugs should be only used for short periods of up to 2 weeks in generalised anxiety, perhaps to help during a crisis. They should not be used for longer-term treatment of anxiety and should not be used at all in panic disorder.

[Antidepressants](http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/depression/antidepressants.aspx) can help to relieve anxiety as well as the depression for which they are usually prescribed. They usually take 2 to 4 weeks to work and have to be taken regularly to work properly. One of the newer SSRI antidepressants would usually be tried first – if that is not helpful, one of the older tricyclic antidepressants can be tried, or a newer antidepressant called Venlafaxine.

Beta-blockers are drugs usually used to treat high blood pressure. In low doses, they can  sometimes control the physical shaking of anxiety. They can be taken shortly before meeting people or before speaking in public, or having to perform.

**Herbal remedies**

Studies suggest that *Valeriana officinalis* (valerian) does not seem to be helpful in anxiety, although *Matricaria recutita* (German chamomile) and *Melissa officinalis* (lemon balm) "show promise". *Piper methysticum* (kava) does seem to be effective, but is currently banned in the UK because of worries that it may be toxic to the liver.

**Which treatments work best?**

The treatments that seem to work for the longest time are, in descending order:

* psychological therapy (CBT)
* pharmacological therapy (an SSRI)
* self-help (bibliotherapy based on CBT principles).

**Anxiety & phobias in children**

Most children go through times when they feel very frightened about things. It's a normal part of growing up. For instance, toddlers get very attached to the people who look after them. If for any reason they are separated from them, they can become very anxious or upset.

Many children are scared of the dark or of imaginary monsters. These fears usually disappear as a child grows older, and they do not usually spoil the child's life or interfere with their development. Most will feel anxious about important events like their first day at school, but they stop being frightened afterwards and are able to get on and enjoy their new situation.

Teenagers often feel anxious. They tend to be worried about how they look, what other people think of them, how they get on with people in general, but especially about how they get on with the opposite sex. These worries can usually be helped by talking about them. However, if they are too strong, other people may notice that they are doing badly at school, behaving differently, or feeling physically unwell.

If a child or teenager feels so anxious or fearful that it is spoiling their life, it's a good thing to ask your GP to look into it.

**Further help**

[Anxiety UK](http://www.anxietyuk.org.uk/): charity formed 30 years ago by a sufferer of agoraphobia for those affected by anxiety disorders.

[British Association for Behavioural and Cognitive Psychotherapies (BABCP)](http://www.babcp.com/)

Has a UK register of accredited therapists.

[No Panic](http://www.nopanic.org.uk/%252520)

Offers support for sufferers of  Panic Attacks, Phobias, Obsessive Compulsive Disorder, Generalised Anxiety Disorder and Tranquilliser Withdrawal

**Further reading**

Overcoming worry: A self-help guide using cognitive behavioural techniques. Kevin Meares and Mark Freeston (2008).  London: Constable & Robinson.

Overcoming wnxiety: a five Areas Approach. Chris Williams  (2003).  London: Hodder Arnold

Stories and analogies in Cognitive Behaviour Therapy. Paul Blenkiron (2010). WileyBlackwell

Anxiety: Your questions answered. Trevor Turner( 2003). Churchill Livingstone.

* [A 2007 survey of self-help books](http://pb.rcpsych.org/cgi/content/full/31/6/238-a)

**Free online CBT resources**

* [Living Life to the Full](http://www.livinglifetothefull.com/):  Free online life skills course for people feeling distressed and their carers.  Helps you understand why you feel as you do and make changes in your thinking, activities, sleep and relationships.
* [FearFighter:](http://www.fearfighter.com/)  (free access can only be prescribed by your doctor in England and Wales)

**References**

Barr Taylor, C. (2006) Panic disorder. BMJ: 332: 951-955.

Cohen, A. (2008) The primary care management of anxiety and depression: a GP’s perspective. Advances in Psychiatric Treatment, 14: 98-105.

Daley, A.J. (2002) Exercise therapy and mental health in clinical populations: is exercise therapy a worthwhile intervention? Advances in Psychiatric Treatment, 8: 262-270.

Ernst, E. (2007) Herbal remedies for depression and anxiety. Advances in Psychiatric Treatment, 13, 312–316.

[NICE Clinical Guideline 22 – Anxiety: Management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care (2004) National Institute for Health and Clinical Excellence: London](http://www.nice.org.uk/nicemedia/pdf/cg022niceguidelineamended.pdf).

[NICE (2008) Computerised cognitive behaviour therapy for depression and anxiety. Review of Technology Appraisal 51. National Institute for Health and Clinical Excellence: London.](http://www.nice.org.uk/nicemedia/pdf/ta097guidance.pdf%252520)

Scott, A., Davidson, A. & Palmer, K. (2001) Antidepressant drugs in the treatment of anxiety disorders. Advances in Psychiatric Treatment, 7, 275–282.

Sareen, J. et al (2006) Disability and poor quality of life associated with comorbid anxiety disorders and physical conditions.  Archives of Internal Medicine, 166, 2109–2116.

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